**FORM – 34**

**(See Rules 131 and 150)**

**REPORT NO: 1527/APDCL/2017 /APDCL/2017**

**CERTIFICATE OF TEST OR ANALYSIS OF COSMETIC BY GOVERNMENT ANALYST**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Kalyani,  Drugs Inspector, Vijayawada (Zone-III) |
| 2. | **Serial Number & Date of Inspector’s memorandum** | 23/SA/NK/DI/Z-III/VJA/17,  Dated: 31/08/2017 |
| 3. | **Number of sample** | 862/T/2017 |
| 4. | **Date of Receipt** | 31/08/2017 |
| 5. | **Name of the Cosmetic purporting to be contained in the sample** | Himalaya extra moisturizing soap |
|  |  | **B.NO:** 24800252, **M.D:** 09/2014, **E.D**: Best before 3 years from the date of manufacture.  Mfd by: The Himalaya Drug Company, Tumkur. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per IS 6608:2004 |

|  |  |  |  |
| --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** |
| **Quantity Received** | 1x75gms |  | -- |
| **Description** | Off white coloured rectangular soap - Complies as per IS 6608: 2004 | -- | -- |
| **TFM Content** | 75.4% | 78% | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY** **STANDARD**.

Complies for the tests conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To

The Drugs Inspector, Vijayawada (Zone-III).

**REPORT NO: 1528 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 2, Dated: 19/08/2017 |
| 3. | **Number of sample** | 831/T/17 |
| 4. | **Date of Receipt** | 22/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Injection of Biosulpha I.M |
|  |  | B.NO: BM1615, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s VETINDIA Pharmaceuticals Limited, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x3x10ml |  | -- | -- |
| **Description** | Off white, uniform suspension. | | | Complies |
| **Identification** | Positive for Timethoprim as per I.P and Sulphadiazine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Timethoprim**  **Sulphadiazine** | 86.02mg  399.88mg | 80mg  400mg | 72-88mg  360-440mg | Compiles  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Pulivendula (FAC)

**REPORT NO: 1529 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Pulivendula (FAC). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3, Dated: 21/08/2017 |
| 3. | **Number of sample** | 844/T/17 |
| 4. | **Date of Receipt** | 23/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Injection of Biosulpha I.M |
|  |  | B.NO: BM1609, M.D: 05/2016, E.D: 04/2018 |
|  |  | Mfd by: M/s Vetindia Pharmaceuticals Limited, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x3x10ml |  | -- | -- |
| **Description** | Off white, uniform suspension. | | | Complies |
| **Identification** | Positive for Timethoprim as per I.P and Sulphadiazine as per S.T.P | -- | -- | Complies |
| **Assay for**  **Timethoprim**  **Sulphadiazine** | 85.53mg  404.20mg | 80mg  400mg | 72-88mg  360-440mg | Compiles  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Pulivendula (FAC).

**REPORT NO: 1530 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Hanumanna, Madanapalle. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 18, Dated: 24/08/2017 |
| 3. | **Number of sample** | 851/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Anac-P Tablets |
|  |  | B.NO: ANP-1601, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s Everest Formulations, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | Orange coloured, elongated, biconvex, coated and uniform tablet. | | | Complies |
| **Identification** | Positive for Aceclofenac and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7052 gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Disintegration Test** | 7min | -- | 30min | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 328.26mg  97.85mg | 325mg  100mg | 292.5-357.5mg  90-110mg | Compiles  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Madanapalle.

**REPORT NO: 1531 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | A. Lavanya, Tekkali. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 23, Dated: 22/08/2017 |
| 3. | **Number of sample** | 391/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Glibenclamide Tablet I.P. 5mg |
|  |  | B.NO: 1615, M.D: 03/2016, E.D: 02/2018 |
|  |  | Mfd by: M/s Deepin Pharmaceuticals Pvt. Ltd., Kalaria. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White colour, circular, biconvex, break line on one side with monogram A.P | | | Complies |
| **Identification** | Positive for Glibenclamide as per I.P | -- | -- | Complies |
| **Average Weight** | 0.0921 | -- | -- | -- |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for Glibenclamide** | 5.1mg | 5mg | 4.5-5.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tekkali.

**REPORT NO: 1532 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25, Dated: 26/08/2017 |
| 3. | **Number of sample** | 394/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin oral Suspension I.P |
|  |  | B.NO: 15116, M.D: 09/2016, E.D: 02/2018 |
|  |  | Mfd by: Indian Drugs And Pharmaceuticals Ltd, Gurgaon. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x01x(24gm/60ml) |  | -- | -- |
| **Description** | Pink colour suspension. | | | Complies |
| **Identification** | Positive for Amoxycillin as per S.T.P | -- | -- | Complies |
| **Assay for Amoxycillin oral Suspension** | 145.69mg | 125mg | 112.5-150mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1533 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K. Indira Bharathi, Visakhapatnam (Sales). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 23, Dated: 16/08/2017 |
| 3. | **Number of sample** | 816/T/17 |
| 4. | **Date of Receipt** | 19/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NAM COLD Tablet. |
|  |  | B.NO: NMC7007, M.D: 04/2017, E.D: 03/2020 |
|  |  | Mfd by: Windlas Biotech Private Limited, Dehradun. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10’s |  | -- | -- |
| **Description** | Bicoloured off-white and pale yellow coloured biconvex tablet with a score on one side and inscribed as NAM COLD on one side. | | | Complies |
| **Identification** | Positive for Nimesulide, Loratadine, Ambroxol HCl and Phenylephrine HCl as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6424gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Nimesulide**  **Loratadine**  **Ambroxol** **HCl**  **Phenylephrine** **HCl** | 107.49mg  5.03mg  28.15mg  18.30mg | 100mg  5mg  30mg  20mg | 90-110mg  4.5-5.5mg  27-33mg  18-22mg | Complies  Complies  Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017 GOVERNMENT ANALYST

To:

The Drugs Inspector, Visakhapatnam (Sales).

**REPORT NO: 1536 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 22/08/2017 |
| 3. | **Number of sample** | 849/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Flox-Le 200 Tablets |
|  |  | B.NO: LM-1183, M.D: 12/2015, E.D: 11/2018 |
|  |  | Mfd by: M/s Essel Pharma, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per STP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White, ovel shaped, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Ofloxacin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2770gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  75% | Complies |
| **Assay for Ofloxacin** | 187.37mg | 200mg | 180-220mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Rajahmundry (Rural).

**REPORT NO: 1537 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Gopala Krishna, Rajamahendravaram (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24, Dated: 16/08/2017 |
| 3. | **Number of sample** | 375/H/17 |
| 4. | **Date of Receipt** | 18/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dried Aluminium Hydroxide Gel, Magnesium Hydroxide & Simethicone Chewable Tablets. |
|  |  | B.NO: SAMT.1115061, M.D: 11/2015, E.D: 10/2017 |
|  |  | Mfd by: STRIDE ORGANICS PVT. LTD, Ghatkesar. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | White, circular, uniform tablets with a break line on one side. | | | Complies |
| **Identification** | Positive for the tests of Aluminium and Magnesium salts as per I.P | -- | -- | Complies |
| **Average Weight** | 0.6461gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Aluminium Hydroxide gel**  **Magnesium Hydroxide** | 183.32mg  246.7mg | 191.25mg  250mg | 172.1-210.3mg  225-275mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Rajamahendravaram (Urban).

**REPORT NO: 1538 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | T. Venkata Krishna, Kadapa. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 33, Dated: 17/08/2017 |
| 3. | **Number of sample** | 832/T/17 |
| 4. | **Date of Receipt** | 22/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Tysin 200 injection |
|  |  | B.NO: TS1605, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s Vetindia Pharmaceuticals Limited, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x2x30ml |  | -- | -- |
| **Description** | Yellow coloured, uniform liquid. | | | Complies |
| **Identification** | Positive for Tylosin Tartrate as per I.P | -- | -- | Complies |
| **Assay & Sterility** | Not conducted due to lack of facilities. | | | |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY STANDARD**.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kadapa.

**REPORT NO: 1539 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24, Dated: 26/08/2017 |
| 3. | **Number of sample** | 393/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin capsules I.P 500mg |
|  |  | B.NO: 1086, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: Indian Drugs and pharmaceuticals Ltd, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | Red colour cap & white colour body containing powder inside the capsule. | | | Complies |
| **Identification** | Positive for Amoxycillin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.5883gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  80% | Complies |
| **Assay for Amoxycillin** | 500.7mg | 500mg | 462.5-537.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1540 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19, Dated: 29/08/2017 |
| 3. | **Number of sample** | 857/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DEXAVOL |
|  |  | B.NO: T-170513, M.D: 5/2017, E.D: 10/2018 |
|  |  | Mfd by: Soul Health care Private Limited, Kashipur. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | White, circular, tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Dexamethasone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1058gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Dexamethasone** | 0.508mg | 0.5mg | 0.45-0.55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1541 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 29/08/2017 |
| 3. | **Number of sample** | 858/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HOSTINE-B Tablets |
|  |  | B.NO: VHB-1701, M.D: 6/2017, E.D: 5/2019 |
|  |  | Mfd by: Cortex Laboratories Pvt. Ltd, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | Pink coloured, circular tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Betamethasone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1181gm | -- | -- | -- |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Betamethasone** | 0.538mg | 0.5mg | 0.45-0.55mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1542 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 26/08/2017 |
| 3. | **Number of sample** | 396/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chlorpheniramine Maleate tablets I.P 4mg |
|  |  | B.NO: 1604161, M.D: 4/2016, E.D: 3/2018 |
|  |  | Mfd by: Adroit Pharmaceuticals Pvt. Ltd, Nagpur. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x05x10 |  | -- | -- |
| **Description** | White, circular, biconvex tablets with a score and a monogram “G/G” on one side. | | | Complies |
| **Identification** | Positive for Chlorpheniramine Maleate as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Chlorpheniramine** **Maleate** | 4.08mg | 4mg | 3.8-4.2mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1543 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 24, Dated: 26/08/2017 |
| 3. | **Number of sample** | 854/T/17 |
| 4. | **Date of Receipt** | 29/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Zyvana 2 – Glimepiride Tablets I.P 2mg |
|  |  | B.NO: BLBP16222, M.D: 10/2016, E.D: 9/2018 |
|  |  | Mfd by: Bioaltus Pharmaceuticals Pvt. Ltd, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | Yellow coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Glimepiride as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for**  **Glimepiride** | 2.02mg | 2mg | 1.8-2.2mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1544 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Chandra Rao, Kakinada (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 18, Dated: 25/07/2017 |
| 3. | **Number of sample** | 351/H/17 |
| 4. | **Date of Receipt** | 27/7/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Chloroquine Phosphate Tablets I.P. |
|  |  | B.NO: CLP17-001, M.D: 05/2017, E.D: 04/2019 |
|  |  | Mfd by: GreenLand Organics, Surampalli. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x1x10 |  | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Chloroquine Phosphate as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.3069gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  70% | Complies |
| **Assay for Chloroquine Phosphate** | 248.09mg | 250mg | 231.25-268.75mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kakinada (Urban).

**REPORT NO: 1545 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | V. Abhipriya, Rajahmundry (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19, Dated: 22/08/2017 |
| 3. | **Number of sample** | 848/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dicloson K Tablets |
|  |  | B.NO: KF17098, M.D: 05/2017, E.D: 04/2019 |
|  |  | Mfd by: M/s Krishcare Formulations, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White, elongated, biconvex tablets with a score on one side and uniform tablets. | | | Complies |
| **Identification** | Positive for Diclofenac Sodium and Paracetamol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7007gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Disintegration Test** | 2 min | -- | 15 min | Complies |
| **Assay for Paracetamol**  **Diclofenac Sodium** | 337.68mg  46.82mg | 325mg  50mg | 292.5-357.5mg  45-55mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Rajahmundry (Rural).

**REPORT NO: 1546 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Ruthu, Chittoor. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 19, Dated: 21/08/2017 |
| 3. | **Number of sample** | 853/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOT-M Tablets |
|  |  | B.NO: FNVB-483, M.D: 02/2017, E.D: 01/2019 |
|  |  | Mfd by: Bonn Schtering Bio Sciences, Puducherry. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | Brown colour, circular, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for Drotaverine HCL and Mefenamic acid as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5072gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Drotaverine**  **Mefenamic acid** | 83.76mg  267.43mg | 80mg  250mg | 72-88mg  225-275mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Chittoor.

**REPORT NO: 1547 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | B. Srinivasa Rao, Machilipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 16/08/2017 |
| 3. | **Number of sample** | 372/H/17 |
| 4. | **Date of Receipt** | 17/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | TRIDOX injection |
|  |  | B.NO: TX1606, M.D: 10/2016, E.D: 09/2018 |
|  |  | Mfd by: Vetindia Pharmaceuticals Limited, Hyderabad. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 2x30ml |  | -- | -- |
| **Description** | Colourless clear liquid. | | | Complies |
| **Identification** | Positive for Sulphadoxine as per S.T.P and Positive for Trimethoprim as per I.P | -- | -- | Complies |
| **Assay for**  **Trimethoprim** | 43.50mg | 40mg | 36-44mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Machilipatnam.

**REPORT NO: 1548 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Bramara sandhya, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 4, Dated: 28/07/2017 |
| 3. | **Number of sample** | 780/T/17 |
| 4. | **Date of Receipt** | 2/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFADROX 500mg Tablets. |
|  |  | B.NO: B712B097, M.D: 02/2017, E.D: 01/2019 |
|  |  | Mfd by: Aristo Pharmaceuticals Pvt. Ltd, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White coloured, elongated, biconvex tablets. | | | Complies |
| **Identification** | Positive for Cefadroxil as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6517gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  75% | Complies |
| **Assay for Cefadroxil** | 505mg | 500mg | 450-550mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Ananthapuramu.

**REPORT NO: 1549 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.V.Bhupesu, Gajuwaka. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 23/08/2017 |
| 3. | **Number of sample** | 389/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ONDANSETRON Tablets IP 4mg |
|  |  | B.NO: APON-012, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Radico Remedies, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x1x10 |  | -- | -- |
| **Description** | White coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Ondansetron as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1479gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  70% | Complies |
| **Assay for**  **Ondansetron** | 3.72mg | 4mg | 3.6-4.4mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Gajuwaka.

**REPORT NO: 1550 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 29/08/2017 |
| 3. | **Number of sample** | 397/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metronidazole 200mg. |
|  |  | B.NO: MDT1611, M.D: 06/2016, E.D: 05/2018 |
|  |  | Mfd by: La-Chemico Private Limited, Barasat (W.B). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 |  | -- | -- |
| **Description** | White colour, circular and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Metronidazole Complies as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2502gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution Test** | Complies as per I.P | -- | NLT  85% | Complies |
| **Assay for**  **Metronidazole** | 195.53mg | 200mg | 190-210mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tuni.

**REPORT NO: 1551 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K.V.Bhupesu, Gajuwaka. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28, Dated: 23/08/2017 |
| 3. | **Number of sample** | 390/H/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Folic Acid Tablets IP 5mg |
|  |  | B.NO: 251604, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Safe Formulations Ltd, Gollapadu. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x1x10 |  | -- | -- |
| **Description** | Pale yellow coloured, circular, flat tablets. | | | Complies |
| **Identification** | Positive for Folic acid as per S.T.P | -- | -- | Complies |
| **Uniformity of Content** | Complies as per I.P | -- | -- | Complies |
| **Assay for Folic acid** | 5.16mg | 5mg | 4.5-5.75mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Gajuwaka.

**REPORT NO: 1552 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.N.V.V.S. Kalyani, Anakapalli. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 20, Dated: 28/08/2017 |
| 3. | **Number of sample** | 402/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Paracetamol Syrup IP 125mg/5ml |
|  |  | B.NO: PK16081, M.D: 09/2016, E.D: 08/2018 |
|  |  | Mfd by: M/s Baader Schuiz Laboratories, Daman. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x1x60ml |  | -- | -- |
| **Description** | Orange colour liquid. | | | Complies |
| **Identification** | Positive for Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for Paracetamol** | 128.3mg | 125mg | 118.75-131.75mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Anakapalli.

**REPORT NO: 1556 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22, Dated: 29/08/2017 |
| 3. | **Number of sample** | 860/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ACIMOL-FORTE Tablets. |
|  |  | B.NO:AKT9584, M.D:11/2016, E.D: 10/2018 |
|  |  | Mfd by: AllKind Healthcare, Baddi. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 |  | -- | -- |
| **Description** | Orange colour, elongated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Paracetamol and Aceclofenac as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.6990gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Aceclofenac** | 336.85mg  103.78mg | 325mg  100mg | 292.5-357.5mg  90-110mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1557 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Bramara Sandhya, Ananthapuramu. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 1, Dated: 28/07/2017 |
| 3. | **Number of sample** | 777/T/17 |
| 4. | **Date of Receipt** | 2/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | GRENIL Tablets. |
|  |  | B.NO: 17030, M.D:01/2017, E.D: 12/2019 |
|  |  | Mfd by: Schon Pharmaceuticals Limited, Indore. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Pale yellow coloured, elongated and biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Paracetamol and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.8070gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Domperidone** | 501.7mg  18.2mg | 500mg  20mg | 450-550mg  18-22mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Ananthapuramu.

**REPORT NO: 1558 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | S. Jaya Ramudu, Markapur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26, Dated: 26/08/2017 |
| 3. | **Number of sample** | 395/H/17 |
| 4. | **Date of Receipt** | 30/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Ofloxacin Tablets I.P 100mg |
|  |  | B.NO: OF1605, M.D:11/2016, E.D: 10/2018 |
|  |  | Mfd by: LA-Chemico Private Limited, Barasat (north). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White, circular, biconvex with one side score, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Ofloxacin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2434gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT  80% | Complies |
| **Assay for Ofloxacin** | 97.46mg | 100mg | 90-110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Markapur.

**REPORT NO: 1559 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P.N.V.V.S.Kalyani, Anakapalli. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21, Dated: 28/08/2017 |
| 3. | **Number of sample** | 403/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Furazolidone Tablets I.P |
|  |  | B.NO: 1610163, M.D:10/2016, E.D: 09/2018 |
|  |  | Mfd by: M/s Adroit Pharmaceuticals Pvt. Ltd, Nagpur. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Yellow colour, circular, biconvex, break line with T/G as a monogram tablets. | | | Complies |
| **Identification** | Positive for Furazolidone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1194gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Furazolidone** | 98.60mg | 100mg | 90-110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Anakapalli.

**REPORT NO: 1560 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | K. Kalyani, Srikakulam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21, Dated: 03/08/2017 |
| 3. | **Number of sample** | 806/T/17 |
| 4. | **Date of Receipt** | 16/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Amoxycillin and Potassium Clavulante Tablets I.P |
|  |  | B.NO: 6A-75208A, M.D:06/2016, E.D: 05/2018 |
|  |  | Mfd by: Ankur Drugs and pharma limited, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 5x10 | -- | -- | -- |
| **Description** | White, elongated, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Amoxycillin and Potassium Clavulanate as per I.P | -- | -- | Complies |
| **Average Weight** | 1.0539gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test for Amoxycillin**  **Clavulanic acid** | Complies as per I.P  Complies as per I.P | --  -- | NLT 85%  NLT 80% | Complies  Complies |
| **Assay for Amoxycillin**  **Clavulanic acid** | 522.27mg  112.68mg | 500mg  125mg | 450-600mg  112.5-150mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Srikakulam.

**REPORT NO: 1561 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25, Dated: 22/08/2017 |
| 3. | **Number of sample** | 846/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | BEST ON COLD Tablets. |
|  |  | B.NO: MTBQ-1501, M.D:05/2015, E.D: 04/2018 |
|  |  | Mfd by: MAXTAR BIO-GENICS, Baddi. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01X(05X10’s) | -- | -- | -- |
| **Description** | White, elongated, biconvex with one side score and uniform tablets. | | | Complies |
| **Identification** | Positive for Paracetamol, Phenylephrine Hydrochloride and Cetirizine Hydrochloride as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.7819gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Paracetamol**  **Phenylephrine Hydrochloride** | 335.62mg  5.29mg | 325mg  5mg | 292.5-357.5mg  4.5-5.5mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kovvur.

**REPORT NO: 1562 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Lakshman, Kovvur. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26, Dated: 22/08/2017 |
| 3. | **Number of sample** | 847/T/17 |
| 4. | **Date of Receipt** | 26/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Gaspaz, Omeprazole and Domperidone Capsules. |
|  |  | B.NO: AE16022, M.D:08/2016, E.D: 07/2018 |
|  |  | Mfd by: Skymap Pharmaceuticals Pvt. Ltd, Roorkee. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01X(05X10’s) | -- | -- | -- |
| **Description** | Red colour body and cap with white colour pellets. | | | Complies |
| **Identification** | Positive for Omeprazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2687gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Omeprazole**  **Domperidone** | 10.97mg  10.06mg | 10mg  10mg | 9-11mg  9-11mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Kovvur.

**REPORT NO: 1563 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 26, Dated: 04/09/2017 |
| 3. | **Number of sample** | 900/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Sulphamethaxazole. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | White colored, crystalline powder. | | | Complies |
| **Identification** | Positive for Sulphamethaxazole as per I.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY STANDARD**.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1564 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 04/09/2017 |
| 3. | **Number of sample** | 901/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Oxytetracycline. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | Pale yellow colour powder. | | | Complies |
| **Identification** | Positive for Oxytetracycline as per S.T.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY STANDARD**.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1565 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28, Dated: 04/09/2017 |
| 3. | **Number of sample** | 902/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Furazolidine. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | Yellow colour Crystalline powder. | | | Complies |
| **Identification** | Positive for Furazolidine as per I.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY STANDARD**.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1566 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 29, Dated: 04/09/2017 |
| 3. | **Number of sample** | 903/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Trimethoprim. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | White powder. | | | Complies |
| **Identification** | Positive for Trimethoprim as per I.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY STANDARD**.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1567 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21, Dated: 29/08/2017 |
| 3. | **Number of sample** | 859/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Sofraxine-DX |
|  |  | B.NO: F17220 M.D:06/2017, E.D: 05/2019 |
|  |  | Mfd by: Universal Twin Labs, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x15gms | -- | -- | -- |
| **Description** | White coloured cream. | | | Complies |
| **Identification** | Positive for Fradiomycin Sulphate and Dexamethasone Acetate as per S.T.P and Positive for Clotimoxazole as per I.P | -- | -- | Complies |
| **Assay for**  **Clotimoxazole** | 0.987% w/w | 1% w/w | 0.9 - 1.1% w/w | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1568 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Ch. Hariprasad, Guntur (Rural). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 17, Dated: 29/08/2017 |
| 3. | **Number of sample** | 867/T/17 |
| 4. | **Date of Receipt** | 1/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | NIMUPAIN (Nimesulide tablets 100mg) |
|  |  | B.NO: L170131, M.D:01/2017, E.D: 12/2019 |
|  |  | Mfd by: CIPLA LTD, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 | -- | -- | -- |
| **Description** | White colour, ovel shape, biconvex tablets. | | | Complies |
| **Identification** | Positive for Nimesulide as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4219gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Nimesulide** | 93.99mg | 100mg | 90-110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Guntur (Rural)

**REPORT NO: 1569 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Murali, Nellore. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 17, Dated: 31/08/2017 |
| 3. | **Number of sample** | 892/T/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | CEFA CEL 200 DT Tablets. |
|  |  | B.NO: CAB7008, M.D:05/2017, E.D: 04/2019 |
|  |  | Mfd by: M/s Celebrity Biopharma Ltd, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White colour, elongated, biconvex tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Cefixime as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5506gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Cefixime** | 204.12mg | 200mg | 180-220mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Nellore.

**REPORT NO: 1570 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | N. Yugandhar Rao, Vizianagaram. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 22, Dated: 31/08/2017 |
| 3. | **Number of sample** | 404/H/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Domperidone Tablets IP 10mg. |
|  |  | B.NO: DOM-020, M.D:05/2017, E.D: 04/2019 |
|  |  | Mfd by: M/s Radico Remedies, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Light pink colour, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Domperidone as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1388gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT  70% | Complies |
| **Assay for Domperidone** | 10.12mg | 10mg | 9.5-10.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Vizianagaram.

**REPORT NO: 1571 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31, Dated: 29/08/2017 |
| 3. | **Number of sample** | 401/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | B-Complex Tablets. |
|  |  | B.NO: BC16-081, M.D:12/2016, E.D: 05/2018 |
|  |  | Mfd by: M/s Greenland Organics, Surampalli. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Pale yellow coloured, circular, biconvex tablets. | | | Complies |
| **Identification** | Positive for Niacinamide as per S.T.P and Riboflavin as per I.P | -- | -- | Complies |
| **Average Weight** | 0.1038gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Niacinamide**  **Riboflavin** | 53.46mg  5.24mg | 50mg  5mg | NLT 45mg  NLT 4.5mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tuni.

**REPORT NO: 1572 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Parveen Sultana Shaik, Ongole. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28, Dated: 30/08/2017 |
| 3. | **Number of sample** | 407/H/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Metronidazole Tablets IP 200mg. |
|  |  | B.NO: MDT1625, M.D:10/2016, E.D: 09/2018 |
|  |  | Mfd by: LA-Chemico Private Limited, Parganas (W.B). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White, circular, biconvex, coated tablets with a score on one side. | | | Complies |
| **Identification** | Positive for Metronidazole as per I.P | -- | -- | Complies |
| **Average Weight** | 0.2507gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Dissolution test** | Complies as per I.P | -- | NLT  85% | Complies |
| **Assay for**  **Metronidazole** | 201.73mg | 200mg | 190-210mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Ongole.

**REPORT NO: 1573 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Parveen Sultana Shaik, Ongole. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 27, Dated: 30/08/2017 |
| 3. | **Number of sample** | 406/H/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Povidone-Iodine Ointment USP |
|  |  | B.NO: JP16467, M.D:10/2016, E.D: 10/2018 |
|  |  | Mfd by: Jeps Pharmaceuticals, Sirmour. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per I.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 01x100gms | -- | -- | -- |
| **Description** | Brown colour cream. | | | Complies |
| **Identification** | Positive for Iodine as per I.P | -- | -- | Complies |
| **Assay for Iodine** | 0.51% | 0.5% | 0.45%-0.55% | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Ongole.

**REPORT NO: 1574 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | M. Vikram, Tanuku. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 23, Dated: 29/08/2017 |
| 3. | **Number of sample** | 861/T/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Robotac-DSR |
|  |  | B.NO: TPC-160426, M.D:04/2016, E.D: 03/2018 |
|  |  | Mfd by: Talwar Pharma, Roorkee. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 | -- | -- | -- |
| **Description** | Unicolour, red colour cap and body with orange and brown colour pellets inside. | | | Complies |
| **Identification** | Positive for Metronidazole and Domperidone as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2793gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Domperidone.**  **Rabeprazole** | 28.2mg  19.3mg | 30mg  20mg | 27-33mg  18-22mg | Complies  Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tanuku.

**REPORT NO: 1575 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | Dada Khalandar K S, Adoni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 32, Dated: 30/08/2017 |
| 3. | **Number of sample** | 885/T/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | DOXT-SL Tablets. |
|  |  | B.NO: 58CDS320, M.D:01/2017, E.D: 12/2018 |
|  |  | Mfd by: SWISS GARNIER LIFE SCIENCES, Mehatpur (H.P). |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Pale brown colour cap & body, with a monogram on cap Dr.Reddy’s & DOXT-SL on body. | | | Complies |
| **Identification** | Positive for Doxycycline as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.4986gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Doxycycline** | 92.6mg | 100mg | 90-110mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Adoni.

**REPORT NO: 1576 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 30, Dated: 04/09/2017 |
| 3. | **Number of sample** | 904/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Enrofloxacin. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | Pale yellow coloured powder. | | | Complies |
| **Identification** | Positive for Enrofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 99.00%w/w | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1577 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | O. Veera Kumar Reddy, Eluru. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 31, Dated: 04/09/2017 |
| 3. | **Number of sample** | 905/T/17 |
| 4. | **Date of Receipt** | 6/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Purported to be contained Enrofloxacin. |
|  |  | B.NO: Nil, M.D:Nil, E.D: Nil |
|  |  | Mfd by: Nil |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x75gms (approx) | -- | -- | -- |
| **Description** | Pale yellow coloured powder. | | | Complies |
| **Identification** | Positive for Enrofloxacin as per S.T.P | -- | -- | Complies |
| **Assay for**  **Enrofloxacin** | 98.4%w/w | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Eluru.

**REPORT NO: 1578 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Sri Rama Murthy, Narasaraopet. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 3108-03, Dated: 31/08/2017 |
| 3. | **Number of sample** | 899/T/17 |
| 4. | **Date of Receipt** | 5/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | ALMOX DT-125 Tablets. |
|  |  | B.NO: 7410101, M.D:03/2017, E.D: 02/2019 |
|  |  | Mfd by: M/s ALKEM LABORATORIES LTD, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x6x10 | -- | -- | -- |
| **Description** | White coloured, elongated, biconvex tablet with score on one side. | | | Complies |
| **Identification** | Positive for Amoxycillin as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2954gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Amoxycillin** | 124.3mg | 125mg | 112.5-137.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Narasaraopet.

**REPORT NO: 1579 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | R. Lalita, Narsipatnam. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 21, Dated: 24/08/2017 |
| 3. | **Number of sample** | 392/H/17 |
| 4. | **Date of Receipt** | 28/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | HALOQUINOL BOLUS |
|  |  | B.NO: HL-8116, M.D:01/2016, E.D: 12/2017 |
|  |  | Mfd by: Padmaja laboratories Pvt. Ltd, Chinnoutapalli. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 15x4 Bolus | -- | -- | -- |
| **Description** | Dark green, elongated and biconvex bolus with monograms ‘T’ and ‘G’ on either side of the score. | | | Complies |
| **Identification** | Positive for Haloquinol as per S.T.P | -- | -- | Complies |
| **Average Weight** | 2.3820gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is **QUALITATIVELY** **STANDARD**.

Complies for the tests conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Narsipatnam.

**REPORT NO: 1580 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | D. Nagamani, Tuni. |
| 2. | **Serial Number & date of Inspector’s memorandum** | 28, Dated: 29/08/2017 |
| 3. | **Number of sample** | 398/H/17 |
| 4. | **Date of Receipt** | 31/8/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Pantoprazole Tablets. |
|  |  | B.NO: SPZT.1216110, M.D:12/2016, E.D: 11/2018 |
|  |  | Mfd by: M/s. Stride Organics Private Limited, Ghatkesar. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x3x20 | -- | -- | -- |
| **Description** | Orange coloured, circular, biconvex, coated and uniform tablets. | | | Complies |
| **Identification** | Positive for Pantoprazole as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.1363gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Pantoprazole** | 41.45mg | 40mg | 38-44mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Tuni.

**REPORT NO: 1581 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170703, Dated: 27/07/2017 |
| 3. | **Number of sample** | 754/T/17 |
| 4. | **Date of Receipt** | 29/7/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Cytodrox Capsules. |
|  |  | B.NO: GJ61237, M.D:10/2016, E.D: 09/2019 |
|  |  | Mfd by: Cipla Ltd, Goa. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | Pale green (cap) and Off-white (body) coloured capsule shells having crystalline, white powder inside. | | | Complies |
| **Identification** | Positive for Hydroxyurea as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.5866gm | -- | -- | -- |
| **Uniformity of Dosage units** | Complies as per U.S.P | -- | -- | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Guntur (Urban).

**REPORT NO: 1582 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | P. Mangamma, Guntur (Urban). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 170801, Dated: 30/08/2017 |
| 3. | **Number of sample** | 870/T/17 |
| 4. | **Date of Receipt** | 1/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Dincort-6 Tablets. |
|  |  | B.NO: SHY11116, M.D:11/2016, E.D: 04/2019 |
|  |  | Mfd by: Suraksha Pharma Pvt Ltd, Uttarakhand. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x5x10 | -- | -- | -- |
| **Description** | White, circular, biconvex, uniform tablets. | | | Complies |
| **Identification** | Positive for Deflazacort as per S.T.P | -- | -- | Complies |
| **Average Weight** | 0.2309gm | -- | -- | -- |
| **Uniformity of Weight** | Complies as per I.P | -- | -- | Complies |
| **Assay for Deflazacort** | 6.26mg | 6mg | 5.4-6.6mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Guntur (Urban).

**REPORT NO: 1583 /APDCL/2017**

**(See Rule-46)**

**DRUGS AND COSMETICS RULES, 1945**

**CERTIFICATE OF TEST OR ANALYSIS BY GOVERNMENT ANALYST**

**UNDER SECTION 25(1) OF DRUGS AND COSMETICS ACT, 1940**

|  |  |  |
| --- | --- | --- |
| 1. | **Name of the Inspector from whom received** | E. Sambasiva Rao, Vijayawada (Zone-I). |
| 2. | **Serial Number & date of Inspector’s memorandum** | 25, Dated: 30/08/2017 |
| 3. | **Number of sample** | 872/T/17 |
| 4. | **Date of Receipt** | 4/9/17 |
| 5. | **Name of drugs purporting to be contained in the sample** | Thermo – 250 Syrup |
|  |  | B.NO: SONV-015, M.D:11/2016, E.D: 10/2018 |
|  |  | Mfd by: Strausswell Organics, Solan. |
| 6. | **Conditions of seals on the package** | SEALS INTACT AND IDENTICAL WITH THE SPECIMEN SEAL. |
| 7. | **Result of test or analysis with protocols of the test applied** | As per S.T.P |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTS DONE** | **FOUND** | **CLAIM** | **LIMITS** | **Complies/ Not Complies** |
| **Quantity Received** | 1x60ml | -- | -- | -- |
| **Description** | Pink colured, clear and uniform suspension. | | | Complies |
| **Identification** | Positive for Paracetamol as per S.T.P | -- | -- | Complies |
| **Assay for Paracetamol** | 257.78mg | 250mg | 237.5-262.5mg | Complies |

In the opinion of the undersigned the sample referred to above is of **STANDARD QUALITY** as defined

in the Drugs and Cosmetics Act, 1940 and rules there under for the reasons given below.

Complies for the Tests Conducted as described above.

Date: /09/2017

GOVERNMENT ANALYST

To:

The Drugs Inspector, Vijayawada (Zone-I).